ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ziad
2. Surname (Last Name)  El-Zoghby
3. Date  27-July-2016
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
The Rate of Acute Kidney Injury After Total Hip Arthroplasty Is Low but Increases Significantly in Patients with Specific Comorbidities
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  No

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Dr. El-Zoghby has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kamel

2. Surname (Last Name)  
   Gharaibeh

3. Date  
   27-July-2016

4. Are you the corresponding author?  
   [ ] Yes  [✓] No

   Corresponding Author’s Name
   Ziad El-Zoghby

5. Manuscript Title  
   The Rate of Acute Kidney Injury After Total Hip Arthroplasty Is Low but Increases Significantly in Patients with Specific Comorbidities

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Dr. Gharaibeh has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Abdurrahman

2. **Surname (Last Name)**
   - Hamadah

3. **Date**
   - 01-August-2016

4. **Are you the corresponding author?**
   - No

   - **Corresponding Author’s Name**
     - Ziad El-Zoghby

5. **Manuscript Title**
   - The Rate of Acute Kidney Injury After Total Hip Arthroplasty Is Low but Increases Significantly in Patients with Specific Comorbidities

6. **Manuscript Identifying Number (if you know it)**

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Are there any relevant conflicts of interest?  
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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Hamadah has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Walter
2. Surname (Last Name) Kremers
3. Date 01-August-2016
4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name
Ziad El-Zoghby

5. Manuscript Title
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Dr. Kremers has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Nelson

2. Surname (Last Name)  
   Leung

3. Date  
   01-August-2016

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   Corresponding Author’s Name  
   Ziad El-Zoghby

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Dr. Leung has nothing to disclose.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  Rafael  
2. Surname (Last Name)  Sierra  
3. Date  01-August-2016  
4. Are you the corresponding author?  Yes  No  
   Corresponding Author’s Name  Ziad El-Zoghby  
5. Manuscript Title  The Rate of Acute Kidney Injury After Total Hip Arthroplasty Is Low but Increases Significantly in Patients with Specific Comorbidities  
6. Manuscript Identifying Number (if you know it)  

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sierra has nothing to disclose.

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